## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5/ FILING DATE

AFTER

2 <sup>™</sup> AMENDMENT

DEP.

IND.

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER  2 MAMENDMENT				AS FILED		AFTER 1*AMENDMENT	
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PTO - 1360 (REV. 11/04)

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